

**HIPAA CROSSWALK – VISION CARE**

<b>Local Code &amp; Modifier Description</b>	<b>Standard Code Description</b>	<b>Standard Modifier Description</b>	<b>Medicaid Rates</b>	<b>Remarks</b>
Y2005  VISUAL EXAMINATION - REFRACTION	92015  Determination of refractive state.  The examiner determines the prescription required by evaluating the effectiveness of a series of lenses through which the pt is asked to view an eye chart. Physician not required to be present. A prescription is issued, no fitting is done at this time.	52  Reduced services	No Pricing Change	Modifier 52 must be used to indicate services by optician or optometrist, who will bill this code for visual examination.  Modifier 52 must be the first modifier.

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Y2006  COMPREHENSIVE EYE EXAM W/DILAT BY OPTOMT	92015  Determination of refractive state, comprehensive exam.  The examiner determines the prescription required by evaluating the effectiveness of a series of lenses through which the pt is asked to view an eye chart. Physician not required to be present. A prescription is issued, no fitting is done at this time.	No Pricing Change	Opthamologists will bill this code for visual examination.
Y2006	92002  Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.	No Pricing Change	Must be performed by Opthamologist. Includes exam for disease.

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Y2006	92012  Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient.	No Pricing Change	Must be performed by Opthamologist. Includes exam for disease.
Y2006	92014  Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits	No Pricing Change	Must be performed by Opthamologist. Includes exam for disease.

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<b>Local Code &amp; Modifier Description</b>	<b>Standard Code Description</b>	<b>Medicaid Rates</b>	<b>Remarks</b>
Y2327  REPLACE,ADJUST,REPAIR OF LENS	92370  Repair and refitting spectacles; except for aphakia	No Pricing Change	
Y2327	92371  Repair and refitting spectacles; spectacle prosthesis for aphakia	No Pricing Change	

**HIPAA CROSSWALK – VISION CARE**

**Sub-Category: Single Vision Service And Lens Fabrication Codes**

Local Code & Modifier Description	Standard Code Description	Medicaid Rates	Remarks
V2020  FRAMES, PURCHASES	V2020  FRAMES, PURCHASES	No Pricing Change	Standard code is already used. Frames are to be billed separately using this code.
Y2340  SINGLE VISION SERVICE MADE BY WHOLESALE /LAB	92340  Fitting of spectacles, except for aphakia; monofocal	No Pricing Change	Fitting of single-vision (monofocal) spectacles is to be billed separately using this code.

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Standard Code Description	Medicaid Rates
<p><b>Monofocal lens fabrication is to be billed separately using HCPCS vision codes in the range V2100 – V2199 and/or V2410.</b>  <b>Use modifiers LT (left) and/or RT (right) with the lens codes. Providers must maintain documentation.</b></p>	
<p>V2100</p> <p>Sphere, single vision, plano to plus or minus 4.00, per lens.</p>	<p>\$25.38</p>
<p>V2101</p> <p>Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens</p>	<p>\$26.74</p>
<p>V2102</p> <p>Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens</p>	<p>\$37.62</p>

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2103  Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	\$22.04
V2104  Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	\$24.40
V2105  Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	\$26.57

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2106  Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	\$29.48
V2107  Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	\$28.04
V2108  Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$29.04
V2109  Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	\$32.12



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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2110  Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	\$31.70
V2111  Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	\$33.04
V2112  Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	\$36.06

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2113  Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$40.65
V2114  Spherocylinder, single vision sphere over plus or minus 12.00d, per lens	\$44.04
V2115  Lenticular (myodisc), per lens, single vision	\$47.92
V2116  Lenticular, aspheric, per lens, single vision	\$42.60

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2117  Aniseikonic lens, single vision	\$49.53
V2118  Aniseikonic lens, single vision	\$47.51
V2199  Not otherwise classified, single vision lens	\$0.00 (Price by Report)
V2410  Variable asphericity lens, single vision, full field, glass or plastic, per lens	\$58.44

**HIPAA CROSSWALK – VISION CARE**

**Sub-Category: Bifocal Vision Service And Lens Fabrication Codes**

Local Code & Modifier Description	Standard Code Description	Medicaid Rates	Remarks
V2020  FRAMES, PURCHASES	V2020  FRAMES, PURCHASES	No Pricing Change	Standard code is already used. Frames are to be billed separately using this c-ode.
Y2341  BIFOCAL VISION SERVICE MADE BY WHOLESALE W/LAB	92341  Fitting of spectacles, except for aphakia; bifocal	No Pricing Change	Fitting of bifocal spectacles is to be billed separately using this code.

**HIPAA CROSSWALK – VISION CARE**

Standard Code Description	Medicaid Rates
<b>Bifocal lens fabrication is to be billed separately using HCPCS vision codes in the range V2200 – V2299 and/or V2430. Use modifiers LT (left) and/or RT (right) with the lens codes. Providers must maintain documentation.</b>	
V2200  Sphere, bifocal, plano to plus or minus 4.00d, per lens	\$33.21
V2201  Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	\$36.20
V2202  Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	\$42.60
V2203  Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	\$33.51

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2204  Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	\$35.03
V2205  Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	\$37.88
V2206  Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	\$40.69
V2207  Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	\$37.02

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2208  Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$38.85
V2209  Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	\$41.83
V2210  Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	\$46.14
V2211  Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	\$47.85

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2212  Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	\$49.40
V2213  Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$49.90
V2214  Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	\$54.25
V2215  Lenticular (myodisc), per lens, bifocal	\$55.07



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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2216  Lenticular, nonaspheric, per lens, bifocal	\$59.63
V2217  Lenticular, aspheric lens, bifocal	\$56.36
V2218  Aniseikonic, per lens, bifocal	\$65.53
V2219  Bifocal seg width over 28mm	\$28.85

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2220  Bifocal add over 3.25d	\$23.39
V2299  Specialty bifocal (by report)	\$0.00  (Price by Report)
V2430  Variable asphericity lens, bifocal, full field, glass or plastic, per lens	\$65.28

**HIPAA CROSSWALK – VISION CARE**

**Sub-Category: Trifocal Vision Service And Lens Fabrication Codes**

Local Code & Modifier Description	Standard Code Description	Medicaid Rates	Remarks
V2020  FRAMES, PURCHASES	V2020  FRAMES, PURCHASES	No Pricing Change	Frames are to be billed separately using this code.
Y2342  TRIFOCAL VC SVC/MADE BY WHOLESALE - TRIFOCAL VISION SVC W/LAB	92342  Fitting of spectacles, except for aphakia; multifocal, other than bifocal	No Pricing Change	Fitting of trifocal spectacles is to be billed separately using this code.

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Standard Code Description	Medicaid Rates
<b>Trifocal lens fabrication is to be billed separately using HCPCS vision codes in the range V2300 – V2399 and/or V2499. Use modifiers LT (left) and/or RT (right) with the lens codes. Providers must maintain documentation.</b>	
V2300  Sphere, trifocal, plano to plus or minus 4.00d, per lens	\$42.28
V2301  Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	\$49.83
V2302  Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	\$53.12

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2303  Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	\$41.60
V2304  Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens	\$43.53
V2305  Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	\$50.44
V2306  Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	\$51.93

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2307  Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	\$49.18
V2308  Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	\$51.53
V2309  Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	\$56.14
V2310  Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	\$55.47

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2311  Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	\$57.72
V2312  Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	\$58.05
V2313  Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	\$64.83
V2314  Sphero-cylinder, trifocal, sphere over plus or minus 12.00d, per lens	\$69.63

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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2315  Lenticular (myodisc), per lens, trifocal	\$71.00
V2316  Lenticular nonaspheric, per lens, trifocal	\$71.00
V2317  Lenticular, aspheric lens, trifocal	\$71.00
V2318  Aniseikonic lens, trifocal	\$71.00



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<b>Standard Code Description</b>	<b>Medicaid Rates</b>
V2319  Trifocal seg width over 28 mm	\$32.17
V2320  Trifocal add over 3.25d	\$33.94
V2399  Specialty trifocal (by report)	\$0.00 (Price by Report)
V2499  Variable sphericity lens, other type	\$0.00 (Price by Report)

**HIPAA CROSSWALK – VISION CARE**

**Sub-Category:   Contact Lenses**

<b>Local Code &amp; Modifier Description</b>	<b>Standard Code Description</b>	<b>Medicaid Rates</b>	<b>Remarks</b>
<p>92310</p> <p>Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia</p>	<p>92310</p> <p>Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia</p>	<p>No Pricing Change</p>	<p>Standard CPT code is already used. Prior Authorization is required.</p>